CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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A Public Document

GOVERNOR'S OFFICE LEGAL AFFAIRS

IVAME (LAST)	(11831)	(MIDDI		DAYTIME TELEPHONE NUMBER
Mathews	Katherine	W.		
MAILING ADDRESS STREET (May use business address)	CITY	STATE	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
444 N. Capitol Street, NW, Suite 134	Washington	DC	20001	202-624-5280
1. Office, Agency, or Court		4. Schedu	le Summa	ry
Name of Office, Agency, or Court:		➡ Total numb	er of pages	2
Governor's Washington DC Office		including t	nis cover pag	je:3
Division, Board, District, if applicable:		Check applinterests."	icable sched	ules or "No reportable
Your Position:		I have disclosed interests on one or more of the attached schedules: Schedule A-1		
Deputy Director → If filing for multiple positions, list additional agency(ies)/				
position(s): (Attach a separate sheet if necessary.)				
Agency:	-	25 S. SESS - 200		2 2 3
Position:		Schedule B Real Property		schedule attached
2. Jurisdiction of Office (Check	at least one box)	Schedule C Income, Loar and Travel Payr	is, & Business I	schedule attached Positions (Income Other than Gifts
State County of		Schedule D		schedule attached
City of		Schedule E	☐ Yes –	schedule attached
Multi-County		mcome - ma		
Other			-01	20
3. Type of Statement (Check at I	least one box)	☐ No repor	table interests	on any schedule
Assuming Office/Initial Date:		5 Vanificati		
Annual: The period covered is January 1, 2007, through December 31, 2007.		5. Verification I have used all reasonable diligence in preparing this		
-or-		statement. I ha	ive reviewed the	his statement and to the best of
O The period covered is//. December 31, 2007.	, through	my knowledge the information contained herein and in any attached schedules is true and complete.		
Leaving Office Date Left:/				jury under the laws of the State oing is true and correct.
O The period covered is January 1, 2 date of leaving office.	2007, through the	Date Signed	3/31/08	
-or-				
O The period covered is//. the date of leaving office.	, through	Signat		
☐ Candidate				

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name		
K. Mathews		

> NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
IBM	Bear Sterns
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
technology	managed account
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	▼ \$100,001 - \$1,000,000 ☐ Over \$1,000,000
NATURE OF INVESTMENT X Stock	NATURE OF INVESTMENT Stock
Other	Other
(Describe)	(Doscribe)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	<u> </u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
> NAME OF BUSINESS ENTITY	> NAME OF BUSINESS ENTITY
Morgan Stanley	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
financial services	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	S10,001 - \$100,000
▼ \$100,001 - \$1,000,000 ☐ Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock	NATURE OF INVESTMENT Stock
Other(Describe)	Other(Describe)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	AOGUITED BIG OSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
All State Corp	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
insurance	
FAIR MARKET VALUE	FAIR MARKET VALUE
S2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000 S10,001 - \$100,000
S100,001 - \$1,000,000 Dver \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
ANATHOE OF INDESTRICTION	NATURE OF INVESTMENT
NATURE OF INVESTMENT X Stock	Stock
Other	Other
(Describe)	(Describe)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments	• •
Comments:	

SCHEDULE D Income - Gifts



NAME OF SOURCE			> NAME OF SOURCE	
			I I I I I I I I I I I I I I I I I I I	
Maverick Films	<u> </u>		ADDRESS	
	maia Dhual 4.44	- Elect I A CA 00064	ADDITION	
		h Floor LA, CA 90064	BUSINESS ACTIVITY, IF ANY, OF SO	DURCE
BUSINESS ACTIVIT	1, IF ANT, OF 500	RCE	BUSINESS ACTIVITY, IF ART, OF SC	JONOL
entertainment	VALUE	DECODIDATION OF CIET(E)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (IIIIBUDYY) VALUE	DESCRIPTION OF OIL 1(0)
11 , 27 , 07	s <u>64.98</u>	flowers/box of candy	\$	
	s		\\\\	
	\$			
NAME OF SOURCE	•		> NAME OF SOURCE	
ADDRESS			ADDRESS	
BUSINESS ACTIVIT	TY, IF ANY, OF SOL	JRCE	BUSINESS ACTIVITY, IF ANY, OF S	OURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)
	s			
	s		<u></u>	
	s			
NAME OF SOURCE			> NAME OF SOURCE	
ADDRESS			ADDRESS	
BUSINESS ACTIVIT	TY, IF ANY, OF SOL	URCE	BUSINESS ACTIVITY, IF ANY, OF S	OURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)
	\$			
	s			
	s			

SCHEDULE D Income - Gifts



	PROPERTY OF THE PROPERTY OF TH
> 18ME OF SOURCE	NAME OF SCURCE
Maverick Films	
	ADDRESS
11400 W. Olympic Bivd, 14th Floor LA, CA, 90064 BUSINESS ACTIVITY, IF AIN, OF BOUFDE	
	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Entertainment LATE (mindd/gra - VALUE - DESTRIPTION OF GIFT(S)	
THE REPORT OF SHELLE	DATE (mmAdd/yy) VALUE DESCRIPTION OF GIFT(S)
11 , 27 , 07 1. 34.93 flowers/box of cardy	/
/	/ \$
➤ ILIME OF SOURCE	> NAME OF SOURCE
ACDRESS	ADDRESS
BUSINESS ACTIVITY, IF At 1, OF ROUF CE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
THE (mindd/syl MALUE DESTRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE E/ESCF (PTION OF GIFT(S)
	\$
1	// \$
NAME OF SOURCE	Venfication Print Name Katherine W. Mathews
ADDRESE	
EUSINESS ACTIVITY: IF ANY IDE SOURCE	Office, Agency Governor's Washington, E.C. Office:
DESCRIPTION OF GIFT(S)	Statement Type
	I have used all reasonable diligence in preparing this patternent. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct
\$\$	Date Signed 319109
	Signature

Comments: donor reimbursed dost of gift in full 3/9/09